Audit tool

	Numerator	Denominator	Target/setting
Assessment of liver fibrosis			Primary care and secondary care
1. **Assessment of liver fibrosis should be:** a. **offered to people who drink hazardously (35 units/week in women, 50 units/week in men)** b. **considered in people drinking alcohol in excess of recommended levels (14 units/week) who have co-factors for liver disease**	Number of individual patients having a validated test for hepatic fibrosis	Patients who drink hazardously	90%
Hospital management			Secondary care
2. **Patients admitted to hospital with ALD should be seen by a liver specialist clinician within 24 hours**	Patients seen by a liver specialist clinician within 24 hours of being admitted to hospital	Patients admitted to hospital with a primary diagnosis of ALD	95%
3. **Patients admitted to hospital with ALD and AUD should be assessed by a specialist addiction practitioner during their admission and offered appropriate intervention and referral**	Patients reviewed by an alcohol practitioner during hospital admission	Patients admitted to hospital with a primary diagnosis of ALD and recent alcohol intake	95%
4. **Patients with decompensated ALD should have a specialist dietary and nutritional assessment by a dietician experienced in management of patients with liver disease**	Patients assessed for malnutrition	Patients admitted to hospital with a primary diagnosis of ALD	95%
5. Corticosteroid treatment should be considered in AH with indicators of likely beneficial response (GAHS≥9; MELD 21-51; NLR 5-8).	Documented decision regarding corticosteroid treatment	Patients with primary diagnosis of acute AH	90%
6. **Patients should be provided with clear, written information about their liver disease in a manner that they can understand before they leave hospital. Provision of this information should be**	Patients given written information about liver disease	Patients admitted to hospital with a primary diagnosis of ALD	90%

documented in medical notes or a discharge letter.			
7. **Patients hospitalised with decompensated ALD or AH should be followed up by clinicians with specialist interest in hepatology within 6 weeks of discharge.**	Patients seen in a liver clinic within 6 weeks of discharge	Patients admitted to hospital with a primary diagnosis of ALD	90%
8. **ALD patients with a UKELD ≥49 and ongoing hepatic failure who have been abstinent for at least 3 months should be considered for liver transplant referral.**	Patients referred to a transplant centre, or documented reason for not doing so	Patients with decompensated ALD in outpatient clinics or inpatients (?)	90%
9. **ALD patients with an expected survival of less than 12 months should be offered advanced care planning. Referral for liver transplantation should not preclude this.**	Documented referral to palliative care or reasons for not doing so documented	Patients with decompensated ALD in outpatient clinics or inpatients (?)	90%

Supporting information

Alcohol-related cirrhosis

You have been diagnosed with decompensated alcohol-related cirrhosis. This leaflet explains what it is, the risks to your health and what will happen after your discharge from hospital.

What is cirrhosis?

Cirrhosis is a stage of liver disease where there is lots of scar tissue in your liver. It affects the whole liver. It is thought to be irreversible. In your case, cirrhosis has developed wholly or partly due to alcohol use.

What is decompensated cirrhosis?

People can have cirrhosis for a long time without any symptoms where the liver carries on working well. This is known as compensated cirrhosis and people can live with this for many years. As the liver becomes more damaged and scarred, it stops working normally and signs of liver failure begin to appear. These are

- jaundice (yellowing of the eyes and skin)
- ascites ((bloating due to fluid in the tummy)
- encephalopathy (drowsiness or confusion
- varices (swollen veins in your gut, if they burst you can vomit blood or have blood in your poo)

When any of these happen, the liver condition is known as decompensated cirrhosis.People with cirrhosis also have an increased risk of developing liver cancer, although this happens in only a few patients.

What do I need to do after I am discharged from hospital?

The most important thing you can do is stop drinking alcohol forever. This is known as being abstinent.

People with cirrhosis who continue to drink alcohol have a much higher chance of getting liver failure and dying than people who stop drinking.

You can be referred to local alcohol support services. They work with you to find the best way of stopping drinking for you and help you do it.

If you can't stop right away, cutting down is still better than carrying on as you are. The alcohol team can help you to cut down your drinking with the aim of stopping over time.

Stopping drinking usually helps your liver work a bit better. Your symptoms would be more likely to reduce or go away. So stopping drinking for the rest of your life is the best thing you can do for your health.

When will I be seen in the outpatient clinic?

Before you leave hospital, you will be given a date for an outpatient appointment in the gastroenterology/liver clinic within the next few weeks. This will probably be in person as the team may need to examine you. We may ask you to have blood tests on the day to monitor your liver function.

What about liver transplantation?

When people with liver disease due to alcohol stop drinking, the liver can dramatically improve, even with cirrhosis. For some people, even after stopping drinking alcohol, the liver cannot repair itself enough and the liver is still working poorly. This may mean that replacing the liver (i.e. a liver transplant) needs to be considered.

Liver transplantation is only an option for people who have stopped drinking alcohol for good. To be considered for a transplant you will need to show that you are committed to staying alcohol-free for the rest of your life.

Stopping drinking alcohol also gives your liver the best chance of recovering. It can improve enough that you won't need a transplant for some time or at all.

If you carry on drinking alcohol when your doctor has told you to stop, you will not be able to have a liver transplant. Even if your liver disease gets worse or your life is at risk. However, your doctors will look at all other possible treatments.

If you become unwell or have any questions or concern between clinic visits then you can call the Clinical Nurse Specialist on XXXXX. Your outpatient appointment can be brought forward or questions dealt with over the phone.

The British Liver Trust have support and information for everyone affected by liver disease. You can call their nurse-led helpline on 0800 652 7330

Visit their website to find out about their online community and support groups www.britishlivertrust.org.uk/support

Their website also has lots of information about liver disease for you to read, download or order.

www.britishlivertrust.org.uk/ARLD

www.britishlivertrust.org.uk/cirrhosis